

WASHINGTON STATE WORK STUDY PROGRAM
EMPLOYER INFORMATION CHANGE REQUEST FORM

Employer Name: _____
Employer Federal Identification Number: _____
(Business name and Federal Identification number must match current SWS contract)

Employer Information: This form CANNOT be used if the Federal Identification Number and the business name change. A new contract must be submitted to the institution. If the business name has changed, but the Federal Identification has not changed a new contract does not need to be completed.

New Employer Name: _____
New Telephone Number: _____
New Contact Person: _____
New Address: _____

Date Change(s) Takes Effect: _____

Pay Rate Information: The HECB reviews pay ranges that exceed \$15.00 per hour. This form cannot be used if the job title or job duties change. A new job description must be submitted to the institution. Explanation in the comment section for decrease in pay range is required.

Institution Name: _____
Position Number: _____ Job Title: _____
Old Pay Range: \$ _____ to \$ _____ Ending Date: _____
New Pay Range: \$ _____ to \$ _____ Beginning Date: _____

Comments: _____

Employer Signature: _____ Date: _____
Student Employment Administrator Signature: _____
Date: _____

Please return completed form to the SWS student's institution.

Date Entered by HECB

